

**Information for Individuals  
Child Abuse Registry Check (Self Check-Mail)**

**Checklist**

PLEASE NOTE: FAILURE TO COMPLETE THE APPLICATION PROCESS IN FULL WILL RESULT IN THE IMMEDIATE REJECTION OF THE APPLICATION. YOUR PAYMENT WILL NOT BE PROCESSED AND YOUR FORM WILL BE RETURNED TO YOU VIA MAIL IMMEDIATELY FOR CORRECTION.

**Have you completed the following?**

- I have completed all **THREE (3)** pages of the application and I have dated and signed **Part 1** and **Part 2** within the past **SIX (6)** months.
- I have printed my FULL NAME clearly in Section B-1 of the Application form, with no initials or omissions, and I have indicated any previous or other names in the spaces provided.
- I have had a Commissioner of Oaths, a Notary Public, or a professional act as my witness for Part 1 of the Application by signing, dating, and providing his or her designation (for further information about who can witness please see *Information about the witness* in the information package).
- I have provided a PHOTOCOPY of TWO (2) pieces of valid, government-issued identification **which has been certified as a true copy of the original, signed and dated by my witness** (for further information about the photocopy please see *Information about the photocopy* in the information package).
- My witness has provided his or her CONTACT INFORMATION on the PHOTOCOPY of my identification or on Part 1 of my application, including his or her occupation or designation, place of employment, address and a **daytime telephone number** where he or she can be reached. A Commissioner of Oaths must provide a commission expiry date.
- I have indicated my method of payment for the \$10 fee on Part 3 of the Application by completing one of the VISA or MASTERCARD boxes in full or by providing a cheque or money order (made payable to the Minister of Finance) and ticking the appropriate box (Note: It is recommended that you **do not** send cash through the mail).

## Information for Individuals Child Abuse Registry Check (Self Check-Mail)

### General Information

The purpose of the Child Abuse Registry is to help child and family services agencies protect children. Access to the Registry is restricted and all names and information contained in the Registry are confidential. Under the Act, you may apply to see if your name is listed on the Registry.

There are 3 ways that a name may be listed on the Registry:

1. A person was found guilty or pleaded guilty to an offence involving the abuse of a child in a court either inside or outside of Manitoba;
2. A family court has found a child to be "in need of protection" due to abuse; or
3. A child and family service agency's Child Abuse Committee has reviewed the case and formed an opinion that a person has abused a child.

Child Abuse Registry Checks are required for anyone who wants to provide work or services to a child and family services agency; an adoption agency; a day care centre or nursery school; any adult who wants to foster or adopt a child or any adult who lives with someone who wants to foster or adopt a child. Other organizations may use a Child Abuse Registry Check to assist them to screen candidates for positions with access to children.

### Filling out the Application

#### Important Information

Please read these instructions before filling out the application. The sections and letter-number tags (A-1, B-1, B-2, etc.) match the tags on the application form.

**NOTE: Incomplete applications will be returned to you immediately. To avoid unnecessary delays, please complete the *Checklist* attached to this information package.**

You are the **Subject**.

#### Part 1-Consent to Collection & Disclosure of Information and Results

Read the statements. **Sign and date the consent if you agree with all the statements.** If you do not agree with any statement you do not have to sign. Without your consent a Registry check cannot be done. **Your witness must also sign and date in the appropriate areas to verify your consent. For information about who can act as witness refer to the *Information about the witness* section.**

#### Part 2-Information and Results

##### SECTION A – ACCESS FOR SELF-CHECK

###### A-1 Subject's Mailing Label

Please **print clearly** as this will appear in the envelope window when the results are mailed to you.

**NOTE:** The Child Abuse Registry is prohibited from releasing the results of your check to anyone other than you. Mailing labels that are made out to a third party will be re-labeled to match the Current Address listed in Section B-4.

##### SECTION B – SUBJECT'S INFORMATION

**Complete** Section B after you have read and signed the Part 1 of the application.

**Print clearly in ink.**

**B-1** Provide your full last, first, and middle names and any other names or nicknames by which you are or have been known. **NOTE:** We cannot process forms with **initials**. Forms where the subject has included an initial in place of any name will be delayed and may be returned. Please include only FULL names.

**B-2** Provide your complete birth date.

## Information for Individuals Child Abuse Registry Check (Self Check-Mail)

### Filling out the Application (cont'd)

- B-3** Indicate your gender.
- B-4/5** Provide your complete current address and list all previous addresses within the last 5 years.
- B-6** **IDENTIFICATION:** Write in the numbers for the **TWO (2)** pieces of valid, government-issued identification that you have photocopied and attached to your application. This photocopy must be verified by a Commissioner for Oaths, Notary Public, or a professional. The witness must see the original identification and verify that the photocopy matches the original documents.  
\*\*\*For more information on the photocopy process, see *Information on the Photocopy*. For more information on who can be a witness, see *Information about the witness*.

**NOTE:** Your identification may not be accepted if it is not current. If you have recently moved or changed your name your identification may need to be updated before seeking a Registry check. If you live in another province/country please provide appropriate identification from your place of residence.

- B-7** **Read, sign and date**, confirming your consent. B-7 confirms your consent and ensures that the consent remains with the information collected and the results released. **NOTE: Your application will be returned if you have not signed and dated both Part 1 and Part 2.**

### SECTION C – MANITOBA CHILD ABUSE REGISTRY CHECK RESULTS

**Do not write in this section.** Child Abuse Registry staff will complete this Section. The completed check will be returned to you by mail.

#### Part 3-Fee Payment

There is a non-refundable \$10.00 fee for each Registry check. **NOTE:** If you are completing a Child Abuse Registry check for an unpaid position (volunteer, student practicum, work placement) with a specific organization, you may be exempted from the fee if you apply through that organization. Contact that organization first before completing this application.

**Print your name at the top of the page.**

Indicate one payment method only. It is recommended that you do not send cash through the mail. If you are paying by credit card, please make sure you include all information requested. **Cheques and money orders must be made payable to the Minister of Finance.** An additional \$20.00 fee will be charged for all cheques that are returned due to insufficient funds.

If you want a receipt, you must check the box at the bottom of the page. Receipts will not be automatically provided.

- \* **Return all THREE (3) Parts of the application with the properly verified photocopy of your identification and the fee payment to the Child Abuse Registry.**

## Information for Individuals Child Abuse Registry Check (Self Check-Mail)

### Information About the Witness

PLEASE NOTE: FAILURE TO HAVE A WITNESS VERIFY YOUR PHOTOCOPY AND PART 1 OF YOUR APPLICATION WILL RESULT IN THE IMMEDIATE REJECTION OF YOUR APPLICATION. YOUR PAYMENT WILL NOT BE PROCESSED AND YOUR APPLICATION WILL BE RETURNED TO YOU BY MAIL FOR CORRECTION.

In order for your application to be accepted it must be accompanied by a photocopy of TWO (2) valid pieces of government-issued identification. Your photocopied identification and Part 1 of your application must be verified and signed by a *witness*.

An acceptable witness is a Commissioner for Oaths, a Notary Public or a designated professional.

A Notary Public can usually be found in a law office.

A Commissioner for Oaths may be found in the offices of:

- Real Estate Agents or General Insurance Agents
- Professional Accountants
- Rural Post Offices
- Municipal Offices
- High School Principals (usually in Winnipeg only)
- Police Officers

Note: An appointment may be required and there may be a fee for this service.

For the purposes of witnessing your signature on Part 1 and for verifying the Photocopy of your identification, a professional is considered to be one of the following:

- Dentist/Medical Doctor/Chiropractor/Optometrlist/Psychologist
- Lawyer
- Minister of Religion
- Pharmacist
- Principal or teacher at a primary or secondary school
- Judge/Magistrate/Police Office/RCMP
- Justice of the Peace
- Postmaster
- Professional Accountant who has a designation
- Signing Officer or Manager at a Bank, Credit Union, Trust Company, or other financial institution
- Senior Administrator, teacher, professor at a community college or university
- Veterinarian
- Social Worker
- Chief of First Nations Band
- Funeral Director
- Nurse Practitioner/Registered Nurse
- Member of Parliament
- Member of the Provincial Legislature
- Municipal Official
- Official of a federal government department or provincial government department, or one of its agencies
- Official of an embassy or consulate
- Professional Engineer

**\*\*\*IMPORTANT:** Your witness must sign and date Part 1 of the application and the photocopy of your identification. **Your witness must also provide contact information**, including his or her occupation or designation, place of employment, address and a **daytime telephone number** where he or she can be reached. A Commissioner of Oaths must provide a commission expiry date.

## Information for Individuals Child Abuse Registry Check (Self Check-Mail)

### Information About the Photocopy

As part of the process for a Child Abuse Registry check, the subject of the check must provide a verified photocopy of the identification indicated in Section B-6 of Part 2.

The subject has the responsibility to ensure that the witness sees the **ORIGINALS OF TWO FORMS OF IDENTIFICATION** and is given a photocopy of these same documents.

The witness must:

1. **Examine** the original identification.
2. **Ensure** the original identification **matches** the photocopy.
3. **Sign and date the photocopy**, and type, write clearly or stamp his or her occupation or designation, place of employment, address and a **daytime telephone number** where he or she can be reached. A Commissioner of Oaths must provide a commission expiry date.

**NOTE:** The witness must also sign and date Part 1 of your application. Failure to submit a properly verified photocopy of identification or failure to have Part 1 signed and dated by yourself and a witness will result in the rejection of your application. Your payment will not be processed and your application will be returned to you for correction.

Questions about the application process or the registry itself may be directed to the Child Abuse Registry at (204) 945-6967.

The sample demonstrates how to submit verified photocopied identification.





# Application for a Child Abuse Registry Self-Check (Mail)

Application pursuant to Section 19.3(4) of *The Child and Family Services Act* for access to the Child Abuse Registry

## Part 1 Consent to Collection & Disclosure of Information and Results

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I understand that the Director of Child and Family Services (the Director) is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B so that the Director can conduct a Child Abuse Registry check on me. I understand that my personal information is being collected under the authority of subsection 37(1) of *The Freedom of Information and Protection of Privacy Act* and that my personal health information, if **any**, is being collected under the authority of subsection 14(1) of *The Personal Health Information Act*.

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS).

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose the results described in Part 2 C to me.

I understand that the disclosure of the results of the check to me is authorized under Section 19 of *The Child and Family Services Act*.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to me.

DATE: \_\_\_\_\_ SUBJECT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
(Commissioner for Oaths, or Notary Public, or professional) Designation

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.



**Part 3 Fee Payment**

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Subject's Name \_\_\_\_\_

**Payment Method** (Please check ✓ one box only and print all information clearly)

**VISA** Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name as it Appears on Card \_\_\_\_\_  
Amount: \_\_\_\_\_ (Canadian funds)  
Authorization: \_\_\_\_\_  
Signature of Cardholder

**MASTERCARD** Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name as it Appears on Card \_\_\_\_\_  
Amount: \_\_\_\_\_ (Canadian funds)  
Authorization: \_\_\_\_\_  
Signature of Cardholder

**CHEQUE** (*made payable to the Minister of Finance*)

**Note:** Post-dated cheques will not be accepted.

**MONEY ORDER** (*made payable to the Minister of Finance*)

**CASH** (**Note:** It is recommended that you **do not** send cash through the mail.)

**Receipts will only be issued if requested at the time the Application is submitted.**

Check ✓ if receipt is required

**All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.**

<b>FOR CHILD ABUSE REGISTRY USE ONLY</b>	<b>Date Received:</b> _____
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